AUS 1 1 2005 Unitable Paperwork Reduction Act of 1995, no particle Paper No. 1995, no pa	Application Number Filing Date First Named Inventor	Approved for use through 07/31/2006. OMB 0651-0031 of Trademark Onice; U.S. DEPARTMENT OF COMMERCE information enters it displays a valid OMB control number. 10/731, 923 12/10/2003 Richard A. Cooper. 3747 Noah P. Kamen 03-351					
	CHOLOGUETE						
X Fee Attached X Amendment/Reply After Final Affidavits/declaration(s) X Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Documents Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	ENCLOSURES (Check all that app Assignment Papers (for an Application) Drawing(s) Licensing-related Papers Petition Petition Power of Allomoy, Revenation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Remarks	After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Broprietary Information Status Letter Other Enclosures(s) (please Identify below)					
	RE OF APPLICANT, ATTORNEY	, OR AGENT					
Firm or Individual name Signature Date August 8, 2005	con III, Registration No.	41,988					
Thereby certify that this correspondence is being deposited with the United States Postal Service as first class qual in an envelope address to Commissioner for Putents, P. O. Box 1450, Alexandria, VA 22313-1450 on this date. 08/08/2005							
Typed or printed name W. Bry	an McPherson III						

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FEE TRANSMITTAL for FY 2003			Complete if Known							
			Application Number			10/731,923				
			Filing Date 12/			2/10/2003				
			First Named Inventor R			Richard A. Cooper				
Effective 10/01/2003 Patent fees are subject to annual revision			Examiner Name			Noah P. Kamen				
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 3747							
TOTAL AMOUNT OF PAYMENT (\$) 100			Attorney Docket No. 03-351							
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)							
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SUBMITTED BY (Complete (if applicable))										
Name (Pint/Type) W. Bryan McPherson III			etion No. VAçonti	41,998 Telephone (309) 675-4			675-4015			
Signature W. Bry MPhorso 111			Date				08/08/2005			

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